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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEETRANSMITTAL		Application Number	10/089,178-Conf. #5097
For FY 2009		Filing Date	March 27, 2002
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Masahiro HIBINO
		Examiner Name	D. E. Faulk
		Art Unit	2614
TOTAL AMOUNT OF PAYMENT		(\$ 810.00)	
		Attorney Docket No. 1163-0399P	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments					

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	17	- 20 or HP	x _____	= _____	52	26	
Each independent claim over 3 (including Reissues)					220	110	
Multiple dependent claims					390	195	
	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
	17	- 20 or HP	x _____	= _____	Fee (\$)	Fee Paid (\$)	
	HP = highest number of total claims paid for, if greater than 20.						
	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
	8	- 8 or HP	x _____	= _____			
	HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00)							
SUBMITTED BY							
Signature	Penny Candle #46,607		Registration No. (Attorney/Agent)	48,917	Telephone	(703) 205-8000	
Name (Print/Type)	Chad J. Billings		Date	February 18, 2010			